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814-333-8731

T-709 P.002/025 F-077



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NORTHWEST TRI-COUNTY INTERMEDIATE UNIT

252 Waterford Street
Edinboro, Pennsylvania 16412
PHONE 814-734-5610
FAX 814-734-5806
<http://www.iu5.org>

To: Superintendents

From: Dr. Marjorie Wallace, Assistant Executive Director
Jill Williams, Coordinator of Educational Programs

Date: May 4, 2004

Re: EMERGENCY SUBSTITUTE TEACHER CONSORTIUM
PROGRAM AGREEMENT FORM

Please let us know if you plan to continue to participate in this Consortium by completing the Program Agreement Form below and returning it to the IU to the attention of Mary Charlton by June 18, 2004.

Northwest Tri-County Intermediate Unit
EMERGENCY SUBSTITUTE TEACHER CONSORTIUM
2004-2005 School Year

DISTRICT: Crawford Central School District

SUPERINTENDENT'S SIGNATURE: _____

☒ YES, we will participate in the Northwest Tri-County Intermediate Unit Emergency Substitute Teacher Consortium during the 2004-2005 school year. I understand that the cost to my district for 2004-2005 Consortium activities is \$1,000. Please invoice my district:

If you chose the "YES" response, please answer the following two questions:

1) Please invoice my district:

_____ Before July 1, 2004

☒ After July 1, 2004

2) Will you take this item to your Board of Directors for approval?

☒ YES

_____ NO

☐ NO, we will not participate in the Northwest Tri-County Intermediate Unit Emergency Substitute Teacher Consortium during the 2004-2005 school year.

Approved
6/28/04
WFA

JUL-19-03

03:26PM FROM-CCSD ISC

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May 4, 2004

TO: Dr. Marjorie A. Wallace
Assistant Executive Director

This is to certify that we have advertised for substitute teachers and will project a shortage for the 2004-2005 school year.

I also certify that I have read the attached Emergency Permit/Act 97 Waiver Agreement Form PDE 338 E, and I have met the Chief School Administrator's Certification of Conditions, items 1 through 7.

As a result, we would like to continue to participate in training individuals with a Bachelor's degree to obtain emergency certification to teach in our schools.


Superintendent Signature

6/29/04
Date

CRAWFORD CENTRAL
School District

[Please return this form to the attention of Mary Charlton at the IU at the address above by September 30, 2004.]